



Governor Douglas Ducey

STATE OF ARIZONA  
NATUROPATHIC PHYSICIANS MEDICAL BOARD

1740 W. Adams, Ste. 3002 Phoenix, AZ 85007

Email: [info@nd.az.gov](mailto:info@nd.az.gov) Phone: 602-542-8242 Board Website: <https://nd.az.gov>

**RENEWAL APPLICATION FOR MEDICAL ASSISTANT**

**Fee \$150.00** – Check, money order payable to AZND Board, or cash is accepted. The complete application for renewal and fee must be post marked by 7/1/2021. If postmarked after July 1, the application is considered delinquent and a late fee of **\$75.00** is required with the application fee. The certificate will automatically expire if not renewed within sixty days after the due date.

**OR**

I am no longer working as a Naturopathic Medical Assistant, and I would like to cancel my Medical Assistant Certificate at this time. (no fee required) Print your legal Name: \_\_\_\_\_

Certificate No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to A.R.S. 32-1524(D); All applications submitted to the Board and any attendant evidence, credentials or proof submitted with the application are the property of the Board and not returned to a withdrawing applicant. Title 32, Chapter 14, 32-1501, et., seq., and the Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et., seq.: I understand the filing of this application grants authority to the Board to obtain information from any licensing agency, school, accrediting agency or board in the United States or another country; and that I shall make an oath as to the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards. INCOMPLETE OR UNREADABLE APPLICATIONS will delay the processing of the application. Alternative format of Submitting This Application An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known. Pursuant to A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. Pursuant to A.R.S. §41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section Pursuant to A.R.S. §41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. Pursuant to A.R.S. §41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.

**ApplicantName:** \_\_\_\_\_  
Last Name First Name Middle Name

SSN # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Home/ Cell Phone Number:** \_\_\_\_\_

**Applicant Email Address:** \_\_\_\_\_

**Name of Naturopathic Supervising Physician:** \_\_\_\_\_

**Medical Assistant is employed at the following location**

Street address Ste. City State Zip

Phone Email

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_ Processed \_\_\_\_\_ Agenda \_\_\_\_\_ FY \_\_\_\_\_